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**PLEASE PRINT OR TYPE AND COMPLETE ALL LINES** — Do not write in shaded areas. Mail completed application or direct questions to: Missouri Department of Revenue, Division of Taxation and Collection, P.O. Box 358, Jefferson City, MO 65105-0358 or call (573) 751-2836.

EXPIRATION DATE

M	M	D	D	C	C	Y	Y

CODE

BUSINESS TRADE NAME	BUSINESS PHONE (AREA CODE & NUMBER)		
STREET ADDRESS (DO NOT USE P.O. BOX OR RURAL ROUTE)	COUNTY	CODE	
CITY	CODE	STATE	ZIP CODE

OWNER NAME			
STREET OR RURAL ROUTE, P.O. BOX NUMBER		COUNTY	CODE
CITY	CODE	STATE	ZIP CODE

OTHER (GIVE FULL ADDRESS BELOW):

STREET ADDRESS OR P.O. BOX				
CITY	STATE	ZIP CODE	COUNTY	CODE

OTHER (GIVE FULL ADDRESS BELOW):

STREET ADDRESS - DO NOT USE P.O. BOX OR RURAL ROUTE				
CITY	STATE	ZIP CODE	COUNTY	CODE

**This publication is available upon request in alternative accessible format(s).**

10. LIST BUSINESS LOCATIONS FOR WHICH YOU ARE REQUESTING DIRECT PAY AUTHORIZATION. (ATTACH SUPPLEMENTAL LIST, IF NECESSARY)

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11. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS APPLICATION AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, AND COMPLETE.

SIGNATURE	TITLE	DATE